Counseling Women and Couples in Family Planning: Evidence from Jordan

A randomized controlled trial in Jordan found that offering home-based family planning counseling substantially increased uptake of modern contraceptive methods and reduced use of traditional methods. There were no statistically significant differences between the impact of women-only and couples counseling. Low participation rates among men diluted the effect of couples counseling.

In Jordan, family planning counseling has been a key component of the USAID strategy to address low and stagnant modern contraceptive prevalence rates—estimated at 42 percent, according to the 2012 Demographic Health Survey. The counseling program consists of a series of home-based visits conducted by trained community health workers (CHWs) to offer counseling on modern contraceptive method use, benefits, and side effects.

Globally, family planning programs often focus solely on women and do not include men. Existing research on the effects of male involvement in family planning counseling generally points to positive effects compared to counseling women alone, with mixed evidence in some settings.

To examine these issues in the Jordanian context, the SHOPS project conducted a randomized controlled trial. The study evaluated the impact of family planning counseling on family planning outcomes and examined whether impacts differ between couples counseling and women-only counseling.

Methods
SHOPS conducted a baseline and endline survey of 1,247 married, non-pregnant women of reproductive age who were living with their husbands and not using any modern contraceptive method at the time that researchers selected the sample. The women lived in a low-income area in Amman, Jordan. After completing the baseline survey, women were randomly assigned to one of three groups: (1) those who were offered one-on-one counseling, (2) those who were offered counseling with their husbands, and (3) those who were not offered counseling.

Key Findings
- Offering in-home family planning counseling had a positive effect on the uptake of modern contraceptive methods.
- Counseling resulted in a lower use of traditional methods and fewer concerns about the side effects of modern methods.
- Participation in counseling was substantially lower in the couples counseling group, due to husbands’ lack of availability and refusal to receive counseling.
- Lower participation rates among couples diluted the overall impact of couples counseling.
Offering in-home family planning counseling had a positive effect on the uptake of modern contraceptive methods. The endline survey results show that 28 percent of women in the women-only counseling group and 30 percent of women in the couples counseling group reported using a modern contraceptive, compared to just 19 percent of women in the no-counseling group (Figure 1). These differences correspond to 48 and 59 percent gains in modern method uptake, respectively, in the two counseling groups compared to the no-counseling group. The difference in impact between the women-only and couples group was not statistically significant.

Over a five-month period, CHWs conducted monthly counseling visits in homes. During visits, CHWs discussed the woman’s or a couple’s plans regarding spacing or limiting pregnancies, offered counseling on modern methods, answered questions about specific methods, and offered a free voucher for family planning services. Approximately six months after the baseline survey, women and their husbands were interviewed separately for an endline survey.

Findings

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**Figure 1. Counseling had a positive impact on uptake of modern methods**

<table>
<thead>
<tr>
<th>Method</th>
<th>No counseling</th>
<th>Women-only counseling***</th>
<th>Couples counseling***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>19%</td>
<td>28%</td>
<td>30%</td>
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*** Indicates that the difference between the counseling groups and the no-counseling group is significant at the 99% level (p < 0.01). The difference between women-only and couples counseling is not statistically significant at traditional confidence levels.

Counseling resulted in a lower use of traditional methods and fewer concerns about the side effects of modern methods.

According to endline survey results, the overall use of family planning methods of any type was similar in the two counseling groups combined, compared to the no-counseling group (Figure 2). This is because the increase in use of modern methods was offset by a reduction in the use of traditional methods: 18 percent in both counseling groups compared to 26 percent in the no-counseling group.
no-counseling group. Additionally, about half of women in the counseling groups cited concerns about the side effects of methods, compared to 58 percent of women in the no-counseling group. This shows that counseling was effective in reducing an important barrier to modern method uptake. However, even with counseling, concerns about side effects persisted.

**Participation in counseling was substantially lower in the couples counseling group, due to husbands’ lack of availability and refusal to receive counseling.** Among women assigned to the women-only counseling group, 89 percent participated in at least one counseling visit (see table). In contrast, in the couples counseling group, only 63 percent of couples participated in at least one visit. The primary reasons for this discrepancy were husbands’ lack of availability (15 percent) and refusal to take part in the counseling visits (7 percent). CHWs who targeted couples reported substantial logistical challenges in reaching the husbands for the first counseling visit. Subsequently, few husbands in the couples counseling group (14 percent) participated in follow-up counseling visits.

Lower participation rates among couples diluted the overall impact of couples counseling. When adjusted for participation, there was a 52 percent gain in modern method uptake in the women-only counseling group and an 87 percent gain in the couples group. These effects are conditional on participation in the counseling sessions and may reflect, in part, the fact that men who chose to participate in counseling may have been more likely to accept modern methods. While the difference in impact between the women-only and the couples group was 26 percentage points larger in magnitude than the results that are not adjusted for participation, the difference is still not significant at traditional confidence levels.

**Participation in counseling**

<table>
<thead>
<tr>
<th></th>
<th>Women-only counseling (n = 417)</th>
<th>Couples counseling (n = 416)</th>
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</thead>
<tbody>
<tr>
<td>Completed first visit</td>
<td>89%</td>
<td>63%</td>
</tr>
<tr>
<td>Husband not available</td>
<td>n.a.</td>
<td>15%</td>
</tr>
<tr>
<td>Husband refused</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>Wife refused</td>
<td>3%</td>
<td>5%</td>
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</tbody>
</table>

Figure 2. Counseling resulted in lower use of traditional methods
Program Implications

This randomized controlled trial demonstrated that home-based family planning counseling in Jordan had a strong positive impact on uptake of modern contraceptive methods. Counseling was most effective in influencing choice of family planning method, moving users away from traditional methods and toward modern methods. These positive gains provide evidence that one-on-one counseling and interpersonal communication in the Jordanian context are highly effective strategies to improve family planning behavior. They also justify continued investments in the longstanding USAID-funded Jordan counseling program.

Findings show that counseling women alone or in couples reduced concerns about the side effects of methods, an important barrier to uptake among Jordanian women. However, even with counseling, concerns about side effects persisted. Program implementers need to better understand the source of these concerns and update counseling protocol accordingly. Family planning providers should also be encouraged to provide routine counseling on managing side effects and to reinforce messages related to the safety of methods.

The study found that lower participation rates among couples diluted the overall impact of the couples counseling. The busy work schedules of men and some unwillingness to take part in counseling posed implementation challenges that undermined the potential effectiveness of the couples program. Implementers need to consider more effective and appealing ways to increase the involvement and participation of men in family planning initiatives.

For more information about the SHOPS project, visit: www.shopsproject.org

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